Failure to fi

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Failure to fi failure to filexemption is 04025986

states will not result in a loss of the federal exemption. Conversely, stice will not result in a loss of an available state exemption unless such a federal notice.

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per form

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix		Serial				
DA	TE RECEIV	'ED				
,						

Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
Polaris Networks, Inc. 200						
Filing Under (Check box(es)	that apply): Rule 504	☐ Rule 505	Rule 506	\square Section 4(6)	☐ ULOE	
Type of Filing: New	Filing					
	A. BA	SIC IDENTIFICATION	DATA	·———		
1. Enter the information rec	juested about the issuer					
Name of Issuer (□ check	k if this is an amendment and nam	e has changed, and indicat	e change.)			
Polaris Networks Inc.						
Address of Executive Office	s (Number and S	Street, City, State, Zip Cod	le) Telephone	Number (Including Ar	ea Code)	
6810 Santa Teresa Blvd.,	San Jose, CA 95119		408-284-8	3011		
Address of Principal Busines	ss Operations (Number and S	Street, City, State, Zip Cod	e) Telephone	Number (Including Ar	ea Code)	
(if different from Executive	Offices)					
Brief Description of Busines	s					
Optical switching system	iS			,	and order	
				J	PROCESSED	
Type of Business Organization	on			7	MAY 17 2004	
☑ corporation	☐ limited partnership,	already formed	□ ot	her (please specify)! \	MAY I (ZUUT	
☐ business trust	☐ limited partnership,	to be formed				
	-	Month	Year		THOMSON FINANCIAL	
Actual or Estimated Date of I	ncorporation or Organization:	0 6	0 0 0	☑ Actual ☐ Estimate		
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
	CN for Canada; FN for other for	oreign jurisdiction)		DE		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

2021065 1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of par	tnership issuers.			
Check Box(es) that Apply: ☐ Promoter	⊠ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Kao, Ruey				
Business or Residence Address (Number and	1 Street, City, State, Zip Code)	1		
c/o Polaris Networks, 6810 Santa Teresa	Blvd., San Jose, CA 95119	9		
Check Box(es) that Apply:	☐ Beneficial Owner	⊠ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Panditi, Surya				
Business or Residence Address (Number and	Street, City, State, Zip Code))		
c/o Polaris Networks, 6810 Santa Teresa	Blvd., San Jose, CA 95119	9		
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Nguyen, Vu				
Business or Residence Address (Number and	Street, City, State, Zip Code))		
c/o Polaris Networks, 6810 Santa Teresa	Blvd., San Jose, CA 9511	9		•
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Sun, Anthony ¹				
Business or Residence Address (Number and	d Street, City, State, Zip Code)		
c/o Venrock Associates, 2494 Sand Hill F	Road, Suite 200, Menlo Parl	k. CA 94025		
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Walecka, John L. ²				
Business or Residence Address (Number and	d Street, City, State, Zip Code)		
c/o Redpoint Ventures, 3000 Sand Hill R	toad, Bldg. 2, Suite 290, Me	enlo Park, CA 94025		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Chen, Wu Fu				
	d Street, City, State, Zip Code)		
10566 Blandor Way, Los Altos, CA 940	24			
	nk sheet, or copy and use addit	tional copies of this sheet, as	necessary.)	

2031965

¹ Mr. Sun is the General Partner of Venrock Associates and a Managing Member of the General Partnership of Venrock Associates III, L.P. and Venrock Enterpreneurs Fund III, L.P., all of which entities together are beneficial owners of the issuer.

² Mr. Walecka is the Managing Director of Redpoint Ventures I, LLC, which is the General Partner of Redpoint Ventures I, L.P. and Redpoint Associates I, LLC, both of which entities together are beneficial owners of the issuer.

A. BASIC IDENTIFICATIO	N DATA
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five ye Each beneficial owner having the power to vote or dispose, or direct the vote or dispose. 	
issuer;Each executive officer and director of corporate issuers and of corporate general an	nd managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.	
· · · · · · · · · · · · · · · · · · ·	cutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Moley, Richard M.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
19910 Robin Way, Saratoga, CA 95070	
	cutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Harrington, Jack ³	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Advanced Technology Ventures, 282 Winter Street, Waltham, MA 02451 Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner □ Exec	cutive Officer
Full Name (Last name first, if individual)	
Venrock Associates III, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2494 Sand Hill Road, Suite 200, Menlo Park, CA 94025	
	cutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Redpoint Ventures I, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3000 Sand Hill Road, Bldg. 2, Suite 290, Menlo Park, CA 94025	
	cutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Advanced Technology Ventures VII, L.P.	
. a.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Business or Residence Address (Number and Street, City, State, Zip Code) 282 Winter Street, Waltham, MA 02451	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

3

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

³ Mr. Harrington is the Managing Director of the General Partner of Advanced Technology Ventures VII, L.P., a beneficial owner of the issuer. Mr. Harrington is also either the Managing Director or a Director of the General Partners of Advanced Technology Ventures VII(B), L.P., ATV Entrepreneurs VII, L.P. and ATV Alliance 2001, L.P. which entitles are also owners of the issuer's securities

B. INFORMATION ABOUT OFFERING				
	Yes	No 🗵		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?				
Answer also in Appendix, Column 2, if filing under ULOE.				
2. What is the minimum investment that will be accepted from any individual?				
3. Does the offering permit joint ownership of a single unit?	Yes ⊠	No		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commis-				
sion or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.				
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)		States		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[ID]			
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PA] [PR]			
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)	□ All	States		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]			
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[MO] [PA]			
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]			
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
, , , , , , , , , , , , , , , , , , ,				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)	□ All	States		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[ID] [MO]			
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PA] [PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	,		
	Type of Security	C	Aggregate Offering Price	Amount Already Sold
	Debt	\$_		\$
	Equity	\$_		\$
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$_	9,487,784.80	\$ <u>9,487,784.80</u>
	Partnership Interests	\$_		s
	Other (Specify)	\$_		S
	Total	\$_	9,487,784.80	\$ <u>9,487,784.80</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	Numbe	r	Aggregate Dollar Amou	
	Accredited Investors	rs	of Purchase	es
	Non-accredited Investors			
	Total (for filings under Rule 504 only)			_
	Answer also in Appendix, Column 4, if filing under ULOE.		. 3 <u></u>	
3.	. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering Type o Securit		Dollar Amount Sold	
	Rule 505		\$	
	Regulation A	-	\$	·
	Rule 504		\$	
	Total			
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	🗆	\$	
	Printing and Engraving Costs	🗖	\$	
	Legal Fees	<u>×</u>	\$ <u>45,00</u> 0.00	
	Accounting Fees			
	Engineering Fees			_ _
	Sales and Commissions (specify finders' fees separately)			_ _
	Other Expenses (identify)			_
	Total	🗵	\$ <u>9,442,784.8</u>	<u>0</u>

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS						
	b. Enter the difference between the aggregate offetion 1 and total expenses furnished in response to Pathe "adjusted gross proceeds to the issuer."						\$ <u>9,442,784.80</u>
5.	Indicate below the amount of the adjusted gross proceused for each of the purposes shown. If the amount if estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issuer set for above.	for any purpose is not known, furnish an e. The total of the payments listed must					<u> </u>
				Payme Offic Direct Affil	cers, ors, &		Payments to Others
	Salaries and fees			\$			\$
	Purchase of real estate			\$			\$
	Purchase, rental or leasing and installation of machine	ery and equipment		\$			\$
	Construction or leasing of plant buildings and facilities	es		\$			\$
	Acquisition of other businesses (including the value that may be used in exchange for the assets or sec merger)	curities of another issuer pursuant to a		\$			\$
	Repayment of indebtedness			\$			\$
	Working capital			\$		X	\$9,442,784.80
	Other (specify):			\$			\$
				\$			\$
	Column Totals			\$	0_	X	\$9,442,784.80
	Total Payments Listed (column totals added)				⋉ \$ <u>9,4</u> 4	42,78	<u>84.80</u>
	D). FEDERAL SIGNATURE					
follo	ssuer has duly caused this notice to be signed by the ving signature constitutes an undertaking by the issuer staff, the information furnished by the issuer to any not	to furnish to the U.S. Securities and Exchanaceredited investor pursuant to paragrap	ang	e Commi	ssion, upo	on wr	itten request
Issue	r (Print or Type)	Signature	1		Date		
_	ris Networks, Inc. e of Signer (Print or Type)	Fitle of Signer (Print or Type)	_		May	11,	2004
	· , , , , ,						
Dav	d C. Lee	Secretary					

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)